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CONFIRMATION NO. 5553

Bib Data Sheet

<b>SERIAL NUMBER</b> 10/724,804	<b>FILING OR 371(c) DATE</b> 12/01/2003 <b>RULE</b>	<b>CLASS</b> 604	<b>GROUP ART UNIT</b> 3763	<b>ATTORNEY DOCKET NO.</b> P-5890	
<b>APPLICANTS</b> Bradley M. Wilkinson, North Haledon, NJ;					
<b>** CONTINUING DATA *****</b> This application is a CIP of 10/370,924 02/20/2003 which is a CIP of 09/521,078 03/07/2000 PAT 6,537,259					
<b>** FOREIGN APPLICATIONS *****</b>					
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 03/02/2004</b>					
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged _____ Examiner's Signature Initials		<b>STATE OR COUNTRY</b> NJ	<b>SHEETS DRAWING</b> 19	<b>TOTAL CLAIMS</b> 19	<b>INDEPENDENT CLAIMS</b> 3
<b>ADDRESS</b> 26253					
<b>TITLE</b> PASSIVE SAFETY DEVICE FOR NEEDLE OF BLOOD COLLECTION SET					
<b>FILING FEE RECEIVED</b> 1328	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		